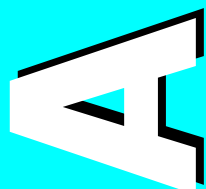
A large, white, stylized letter 'T' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'R' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'E' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'L' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'A' with a black outline, positioned vertically on a bright blue rectangular background.

Attention: Medicaid Physicians, Pharmacies, FQHC, RHC, and Nursing Homes

In accordance with Alabama Act No. 2003-297, Alabama Medicaid is implementing a mandatory Preferred Drug List (PDL). The Preferred Drug List will be comprised of all covered generic and over-the-counter products. In addition, certain brand name products may be preferred agents. Non-preferred agents for the classes reviewed will require prior authorization. Prescriptions written for brand-preferred drugs, generic, and over-the-counter drugs will not require prior authorization.

Effective March 1, 2004, the Alabama Medicaid Agency will require prior authorization for the payment of non-preferred brand Anxiolytics, Sedatives and Hypnotics. The new prior authorization request form is available on the Medicaid website and should be utilized by the prescribing physician or the dispensing pharmacy in requesting prior authorization. Requests may be called in, faxed or mailed to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

PA requests failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

During the month of February 2004, pharmacists will receive a soft edit if a claim is entered for a non-preferred brand product in this class. The message will notify the pharmacist that effective March 1, 2004, a prior authorization will be required for the non-preferred prescribed product. During this initial phase, the pharmacist will be able to override this alert at the pharmacy level.

Policy questions concerning this alert should be directed to Louise F. Jones, Director Pharmacy Services Division at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

January 12, 2004



P.O. Box 241685
Montgomery AL 36124-1685